FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form

MAY 1 9 2010
7

COMMITTEE NAME (Must be same as on Statement of	f Organization)			
Sioux county Democratic Party Central Committee	,	1 1	FORM	
IMPORTANT Indicate by # type of committee you are reporting (1) Statewide/Legislative/Judge Standing for Retention Candix (4) County Central Committee (5) County Candidate (6) City Subdivision Candidate (8) County PAC (8) City PAC (10) S11) Local Ballot Issue	late (2)State PAC (3)State Party Candidate (7)School Board or Other Political	(R	DR-2 ev. 12/2009) r Office Use Or	DISCLOSURE REPORT
CANDIDATE COMMITTEES ONLY: Candidate Name	Political Party (if applicable)	Log Sca	gged In	
Office Sought District (if Senate or House)			iputer	
Late reports are subject to possible civil and criminal penaltic candidate's committee, and the chairperson, for any other type	pe of committee, is the individual responsible	for filing tin	nely and accura	ite reports.
MATURE OF PERSON FILING REPORT	7/2-737-4/98 TELEPHONE	ے۔	5 <i>-19-1</i> DATE S	IGNED
AM FILING A	REPORT FOR (1) ELECTION	/(2)NON-E	LECTION YE	AR.
(report date)	Indicate by #	•		
CHECK IF AMENDMENT TO REPORT DATED		Local Comm	nittees, enter Da	te of Election
☐ Check if this is final (termination) report and attach No (You must continue to file reports until a DR-3 i		County & Lo which Electi		onter County in
STATEMENT OF CASH ON H	IAND			
CASH ON HAND at the beginning of the reporting period committee. This amount MUST be the same a of the last reporting period or must be zero if the	s the cash on hand at the end	\$	87.50	
ADD TOTAL MONEY TAKEN IN THIS PERIO				
Schedule A: Cash Contributions total (Attach S	Schedule A) (*also see in-kind below)	••••	0.08	
Schedule F: Loans Received total (Attach Sch				<u> </u>
Schedule H: Total Sales of Campaign Property	y (Attach Schedule H)			
(Schedule H applies to Candidates'	Committees Only)			
	SUB-TOTAL	\$	87.58	
SUBTRACT TOTAL MONEY SPENT THIS PE	RIOD			
Schedule B: Expenditures total (Attach Schedule	ule B) (**also see debts and loans below).			
Schedule F: Loan Repayments total (Attach S	chedule F)			
CASH ON HAND at the end of this reporting period (if fin	nal report balance must be zero)	\$	87.58	
*UNPAID BILLS (From Schedule D - Attach Schedule I	0)	\$	0.00	
IN KIND CONTRIBUTIONS (From Schedule E - Attach				
*OUTSTANDING LOANS (From Schedule F - Attach S				
CONSULTANT BREAKDOWN (Schedule G Attached?)			YES	NO
CANDIDATE COMMITTEES ONLY:				
VALUE OF CAMPAIGN PROPERTY (From Schedule H	l - Attach Schedule H)	\$		
STATE COMMITTEES: Submit a reconciled campaign	account bank statement in January of each	h vear		

For Instructions, See Back of Form	Reset Form	SCHEDULE	
CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds)	The state of the s	(Rev. 07/03)	MONETARY RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)		_	CK THIS BOX IF
Sioux County democratic Party Central Committee			

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOF FUND- RAISER INCOME
1/31/10	ID# CK#	Iowa State Bank Orange City Iowa		\$.02	
2/28/10	ID# CK#	Iowa State Bank Orange City, Iowa		.02	
3.31/10	ID# CK#	Iowa State Bank Orange City, Iowa		.02	
4.30/10	ID# CK#	Iowa State Bank Orange City, Iowa		.02	
	ID#				
	ID#				
	CK#				
	CK#				
CK# ID# CK#					
	CK#		SUB-TOTAL	\$.08	
		TOTAL (if last pa	ge of this schedule)	\$	1

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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